# Health Information Exchange Steering Committee

**February 24, 2020**

VERMONT
AGENCY OF HUMAN SERVICES

# Meeting Objectives

1. Reflect on last year's work and Committee member roles
2. Review the 2020 meeting outline and proposed goals
3. Catch up on the Collaborative Services Project execution and timeline
4. Decision Point: Approve priority data types for 2020/2021

# Agenda

| Topic | Schedule |
|---|---|
| Welcome & Introductions | 10:30 – 10:40 |
| Reflecting on 2019<br>2020 Goals<br>Committee Authority<br>2020 Meeting Outline & Presentation Requests<br>Decision Point: Data Priorities | 10:40 – 11:30 |
| BREAK | 11:30 – 11:35 |
| VITL: Update on Collaborative Services Project<br>Meeting Evaluation | 11:35 – 12:20 |
| Wrap Up: Meeting Evaluation and Planning for March | 12:20 – 12:30 |

| Name | Role | Population or Organization Represented |
|---|---|---|
| **Jenney Samuelson** | Chair / Voting Member | Vermont's Agency of Human Services |
| **Tracy Dolan** | Voting Member | Vermont's Department of Health |
| **Jimmy Mauro**<br>*Blue Cross Blue Shield of Vermont* | Voting Member | Payer Representative |
| **Simone Rueschemeyer**<br>*Vermont Care Partners* | Voting Member | Mental Health & Substance Use & Intellectual Developmental Disabilities Representative |
| **Georgia Maheras**<br>*Bi-State Primary Care Association* | Voting Member | Primary Care Representative |
| **Emma Harrigan**<br>*Vermont Association of Hospitals and Health Systems* | Voting Member | Hospital Care Representative |
| **VACANT** | Voting Member | Representative of people who engage with the health care system |
| **Tyler Gauthier**<br>*OneCare Vermont* | Voting Member | Accountable Care Organization Representative |
| **Beth Tanzman** | Voting Member | The Blueprint for Health Program |
| **Sarah Kinsler** | Non-Voting Member | The Green Mountain Care Board |
| **Kristin McClure** | Non-Voting Member | The Agency of Digital Services |
| **Beth Anderson** | Non-Voting Member | VITL, Vermont's Health Information Exchange Operator |
| **Emily Richards** | Operational Support / Non- Voting Member | DVHA Health Information Exchange Unit, Agency of Human Services |

# Reflecting on 2019

| What we heard… | Proposed mitigation steps… |
|---|---|
| Members are committed and glad to be part of the group. | Focus on continually coalescing the group around shared goals. |
| Roles of staff and members were, at points, unclear. | Spend time up front ensuring understanding of roles. Revisit at annual mid-point. |
| The definition of a successful year was not well understood. *What are we all working towards and how do we know when we're done?* | Establish clear and achievable goals. Check in early and often. |
| *Anything to add?....* | |

# The HIE Steering Committee's Authority

**Established by 18 V.S.A. § 9351 -**

The Department of Vermont Health Access, in consultation with the **Department's Health Information Exchange Steering Committee**, shall be responsible for the overall coordination of Vermont's statewide Health Information Technology Plan. The Plan shall be revised annually and updated comprehensively every five years to provide a strategic vision for clinical health information technology...

The Department, in consultation with **the Steering Committee**, shall administer the Plan, which shall include the implementation of an integrated electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payers, and patients. The Plan shall include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, access to advance care planning documents, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.

https://legislature.vermont.gov/statutes/section/18/219/09351

# 2020 HIE Steering Committee Goals

1. Continually **improve operations** by enabling the **Collaborative Services** Project's success.
   - Track and monitor execution of Phase I and II of the IT development process
   - Define the near-term priority data types for VITL to manage through the new IT infrastructure
   - Outline process for new data to flow in and out of the VHIE system
   - Define goals and objectives for Phase III

2. Leverage HIE **governance** structure to update **consent** policies and monitor consent policy implementation
   - Review/approve the DA EMR Connectivity Criteria and the updated Clinical Data Connectivity Criteria

3. Articulate how the Committee's actions support system-wide HIE **sustainability**

4. Update the **HIE Plan** by 11/1
   - Evaluate the IT Roadmap and determine the most appropriate next steps
   - Develop stakeholder engagement methods to obtain feedback on HIE Plan

# 2020 Meeting Outline: Winter/Spring (snow to mud)

- **Meeting Objectives:**
  - Review the status of the Collaborative Services project
  - Meeting #2: Review projects and proposals related to priority data types with subject-matter experts
    - **Requested presentations -**
      - Social Determinants of Health: OneCare VT and DVHA; VDH
      - Claims: DVHA and GMCB
      - SUD/MH/BH: VCP
      - Clinical: VITL
  - Agree upon operational structure for introducing new data types and determine Committee's role in onboarding new data types (e.g. identification of needed policies and processes and sub-committees)
    - Review VITL policy de-identified data policy
  - Develop stakeholder engagement methods to obtain feedback on HIE Plan

# 2020 Meeting Outline: Summer (flowers to mosquitos)

- **Meeting Objectives:**
  - Monitor Phase I of the Collaborative Services project
  - Identify governance and policy processes needed to support new HIE data types
  - Review the technical roadmap and tactical plan begin prioritization of IT projects

  - VCP and VITL to present the DA EMR Connectivity Criteria (*Note: Committee must approve*)
  - Obtain a status update on consent implementation (Act 53)
  - Plan for new consent policies/methods
  - Discuss HIE sustainability model/approach to be reflected in the HIE Plan
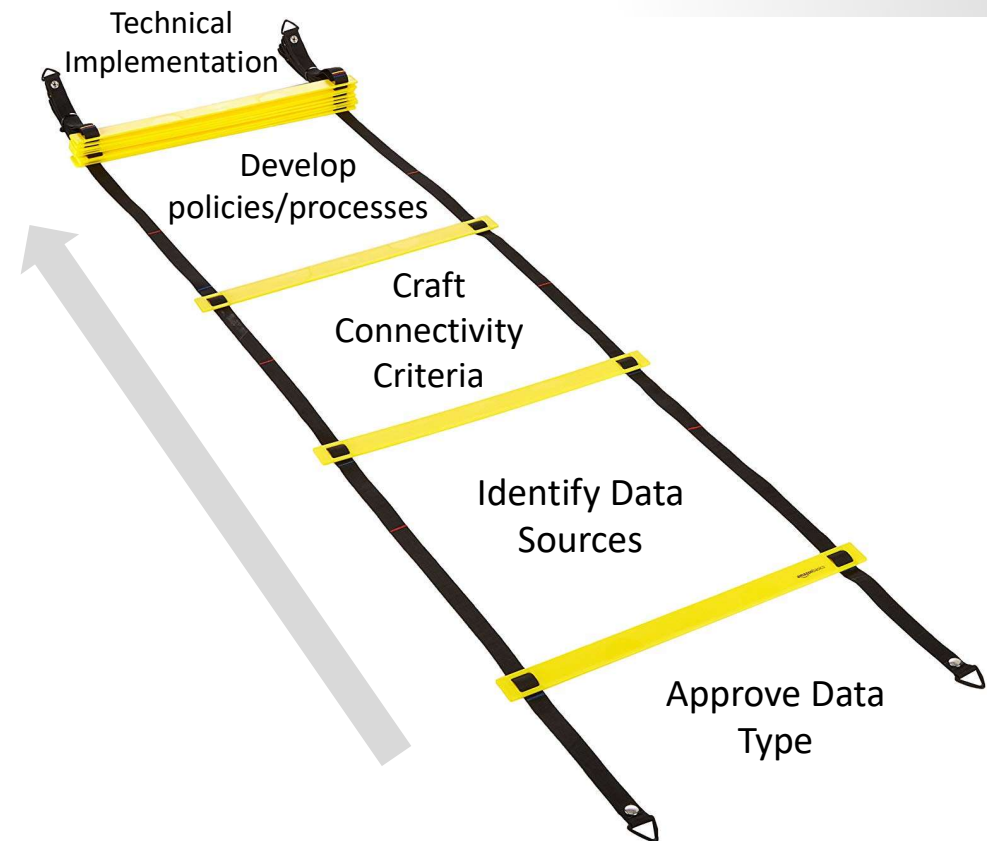
# 2020 Meeting Outline: Fall (leaf peeping)

- **Meeting Objectives:**
  - Discuss governance and policy processes to support new HIE data types
  - Plan for Phase III of the Collaborative Services Project
  - Review/approve final draft of HIE Plan
  - Review Clinical Connectivity Criteria (*Note: Committee must approve*)
  - Craft a strategy for recruiting new members, if need be
  - Evaluate 2020 work

# Selecting Priority Data Types for 2020-2021

*Confirm that the Committee agrees to prioritize the following data types in their 2020-2021 work:*

- **Social Determinants of Health**
- **Claims**
- **Clinically sensitive data including mental health and substance use disorder**
- **Clinical**



Technical Implementation

Develop policies/processes

Craft Connectivity Criteria

Identify Data Sources

Approve Data Type

# Collaborative Service Update

2/24/2020

# Collaborative Services – Phase 1

## Universal MPI

- Participants:
  - VITL (lead)
  - BP
  - OCV
- Solution: Verato UMPI
- Began testing in November
- In December, began production smoke test
- January Live to stakeholders
- Addressing issues with Medicity

## Terminology Services

- Participants:
  - CHA (lead)
  - VITL
  - OCV
- Solution: Term Atlas
  - Developed and provided by Cureous Innovations (HealthInfoNet, Maine HIE)
- Environment provided in December
- Testing underway
- Target spring go-live

## Interfacing

- Participants:
  - VITL (lead)
- Solution: Rhapsody
  - Provided by Cureous Innovations
- Testing underway
- Target spring go-live

# Collaborative Services – UMPI

- Preliminary MPI match rates for the first half of January increased over 25%!

- VITL will continue to monitor and provide updates in the future as the tool matures

Vermont Information Technology Leaders

VITL
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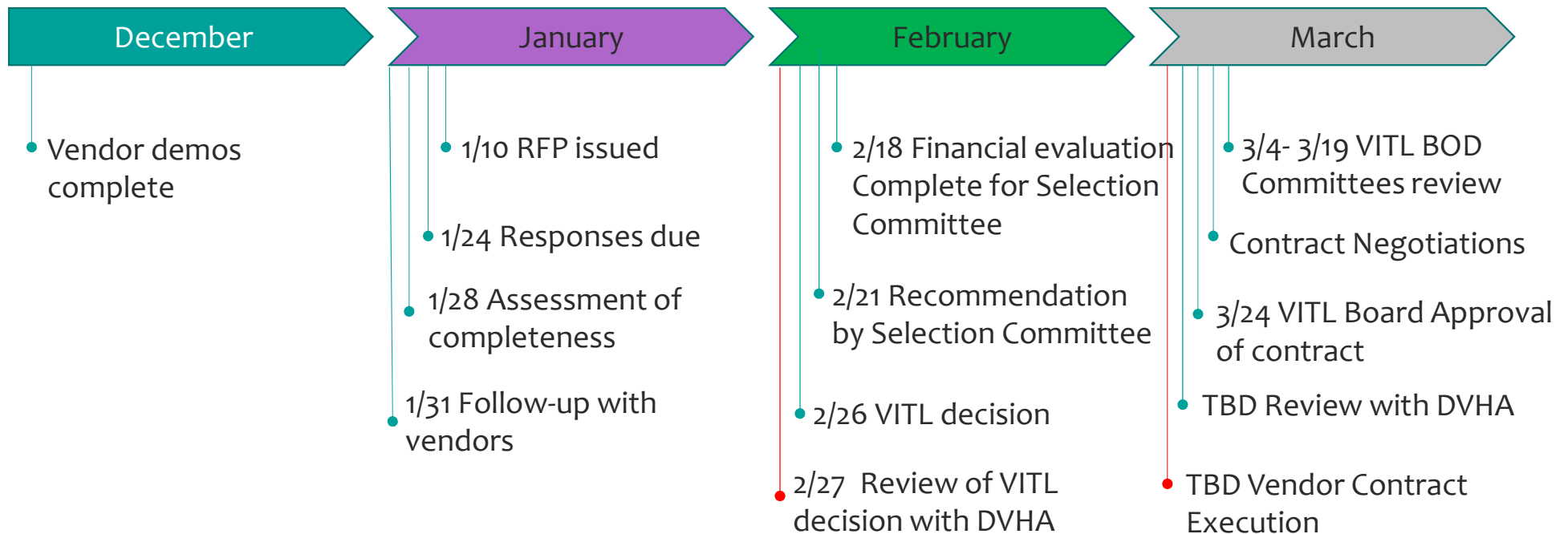INFORMATION
TECHNOLOGY
LEADERS, INC.

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# Collaborative Services - Future Data Platform

- Scope
  - Replacing VITL's self-developed HDM database/infrastructure
  - Replacing the Vermont Clinical Registry (VCR)
  - Consolidate databases into a single platform
  - Enabling additional data types in the future

- Selection core team participants from:
  - Blueprint for Health
  - OneCare Vermont
  - DVHA
  - Vermont Agency of Digital Services
  - Vermont Care Partners
  - Bi-State Primary Care Association
  - Green Mountain Care Board
  - VITL

# Future Data Platform Decision Timeline

| December | January | February | March |
|---|---|---|---|

**December**
- Vendor demos complete

**January**
- 1/10 RFP issued
- 1/24 Responses due
- 1/28 Assessment of completeness
- 1/31 Follow-up with vendors

**February**
- 2/18 Financial evaluation Complete for Selection Committee
- 2/21 Recommendation by Selection Committee
- 2/26 VITL decision
- 2/27 Review of VITL decision with DVHA

**March**
- 3/4- 3/19 VITL BOD Committees review
- Contract Negotiations
- 3/24 VITL Board Approval of contract
- TBD Review with DVHA
- TBD Vendor Contract Execution

VITL — VERMONT INFORMATION TECHNOLOGY LEADERS, INC.

# Interface Priority Data Types

**2/24/2020**

# Clinical Data Interface Types

1.  **Vendor Switches/Replacements** – needed to maintain the existing data contributors to the network and preserve future data availability for stakeholders.
    -   Often tied to GMCB Certificate of Need requests or contracts with DVHA/BP/OCV
    -   Driven by HCO selection of new EHR software

2.  **New Connections** – needed to expand the sources of data available in the VHIE to meet stakeholder needs.

# Proposed CY20 Prioritization Criteria

**Priority will be given to sites that will expand the collection of the priority data types agreed to by the Steering Committee**

**Replacement of Existing Contributing and Results Delivery Interfaces:**

- Designated Agencies (replace results delivery interfaces and create contributing interfaces)
- Replace interfaces for sites with planned EHR transitions
    - Includes UVM Health Network hospitals moving to Epic
- Department of Corrections
- Capability to achieve Tier 2 or Tier 3

**New Connections:**

- Sites using EHRs where showstoppers to connecting to the VHIE have recently been addressed (eClinicalWorks & AthenaHealth Hub Connections)
- Hospital or Commercial Lab requested Results Delivery interfaces
- Capability to achieve Tier 2 or Tier 3
- Sites identified by stakeholders as priorities (e.g. BP, OCV, VCCI, VDH, VCP)

# Meeting Evaluation & Next Steps

- *Did we accomplish what we set out to do?*
- *What can we do better next time?*


- Next Meeting – March 23 – will focus on data-specific efforts. We are requesting presentations from the following:
  - Social Determinants of Health: OneCare VT and DVHA; VDH
  - Claims: DVHA and GMCB
  - SUD/MH/BH: VCP
  - Clinical: VITL

# Reference: Committee Charter

# Committee Roles

Purpose of the HIE Steering Committee

The HIE Steering Committee exists to -

    1. Serve the needs of HIE users by advancing HIE use cases;

    2. Strengthen the relationship between authority and accountability; and

    3. Engage a broad range of stakeholders in strategic planning and oversight activities.

The Steering Committee's Vision & Mission

Vision: To enable health information exchange that promotes quality healthcare in Vermont.

Mission: To work across organizations and disciplines to create and endorse a shared view of the definition, purpose, and goals of HIE in Vermont.

# Committee Roles

The Steering Committee's Guiding Principles
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☐ We commit to creating an HIE Plan that is accurate, reliable and actionable.

☐ We drive to use technology and data to support value-based care.

☐ We are accountable for meaningful work that furthers the goals of HIE.

☐ We work to optimize what exists today and be thoughtful about future developments.

☐ We are good stewards of limited public and private resources.

☐ We exist to develop systems that better the health and well-being of Vermonters.

# Committee Roles

## Scope

In 2019 and beyond, the HIE Steering Committee will:
- Support development, execution, and oversight of Vermont's HIE Plan.
- Continue to grow and evolve the HIE Steering Committee to best meet the State's needs.

- Support the Department of Vermont Health Access (DVHA) and other stakeholders in focusing HIE investments to align with statewide HIE goals.

- Support development of processes and policies that enable achievement of statewide HIE goals.

- Engage stakeholders in the Steering Committee's work.